

SEP 26 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27641

1. PLACE OF DEATH

County Jackson Registration District No. 735
Township Sevier Primary Registration District No. 3034
City Moberly (No. _____) St. _____ Ward _____

File No. _____
Registered No. 381

2. FULL NAME

J. R. Hayden

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED. (write the word) married

5A. IF MARRIED, WIDOWED OR DIVORCED—HUSBAND OF (or) WIFE OF Mrs J. M. Hayden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/6/1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 6 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ky.

10. NAME OF FATHER Thomas Hayden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) !

14. INFORMANT Norace Hayden
(Address) E. Logan St Moberly Mo

15. FILED 8/6 1930 Dr. Thos. S. Fleming
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/5 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 _____, 1930, to Aug 5 _____, 1930 that I last saw him alive on Aug 5 _____, 1930 and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy.

S.P.H.

1612 (duration) yrs. mos. 5 ds.

CONTRIBUTORY Securidy
(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Jesse Marshall, M. D.

8-6-30 (Address) Moberly Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Ash Cemetery 8/6 1930

20. UNDERTAKER

Fred A. Thompson ADDRESS Madison

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

